

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

**Crossroads Grassroots Policy Strategies**(b) Address (number and street) ☐ check if different than previously reported1401 New York Avenue NW  
Ste. 1200

(c) City, State and ZIP Code

Washington

DC

20005

(d) Name of Employer or Principal Place of Business

(e) Occupation

**2. FEC Identification Number****C** C30001655**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2011

through

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2011**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2011**(b) Communication Title** Typical**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Caleb Crosby

(b) Address (number and street)

1401 New York Avenue NW  
Ste. 1200

(c) City, State and ZIP Code

Washington

DC

20005

(d) Name of Employer or Principal Place of Business

Crossroads GPS

(e) Occupation

CFO

**9. Total Donations This Statement**

0.00

**10. Total Disbursements/Obligations This Statement**

20245.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Caleb Crosby

SIGNATURE

*Caleb Crosby*

[Electronically Filed]

DATE

12/13/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.